Application for Volunteers and Non UGA Employees

First Name:	Middle Name:	iddle Name:		ast Name:			
Address:	City:	1	Sta	te:	Zip:		
Primary Phone No.		Alternate Phone No.					
Social Security No. (required for background check)		Email Address:					
Date of Birth: (required for background check)							
Have you ever been convicted of a felony or are any felony charges now pending against you?		Please explain any pending felony convictions:					
Have you ever been convicted or are any charges now pending against you by Federal, State, or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance:		If yes, please explain:					
Are you now, or have you been wi (10) years, been a member of any which to your knowledge at the time membership advocates or has as objectives been the overthrow of the United States or the government Georgia by force or violence?	If "Yes," state the name of the organization and your past and present membership status, including any offices held therein.						
Have you ever been discharged or forced to resign from employment?	If yes, give nan and reasons:	If yes, give name of employers and reasons:			years of age or older?		
Do you currently have a valid driver's license?		Do you currently have a valid GA Commercial driver's license?					
Current Licenses/Certificates Held:	Issued By:	Issued By:		Expiration Date:			
Educational Institutions			•				
Name of School:	City:	City:			State:		
Level HS, College, etc:	Major if applic	Major if applicable:			Did you graduate?		
Degree (if applicable):	If no degree re	If no degree received, number of			te Attended (blank if		

References (Who is fan	niliar with your characte	er as it relates to working v	vith youth.)			
Name of Reference:	Title:	Company:	Phone No:			
Address:		How do you know	How do you know this reference?			
Name of Reference:	Title:	Company:	Phone No:			
Address:		How do you know	How do you know this reference?			
Name of Reference:	Title:	Company:	Phone No:			
Address:		How do you know	How do you know this reference?			
Skills, Knowledge & Al						
Do you have supervisor	y experience?	If yes, please give	If yes, please give details.			
Agreement						
In connection with your consumer reports or invaluation about criminal record ar	restigative consumer re nd sexual offender statu	ports may be requested a	eorgia, you understand that bout you including information record or various federal, state, ll conduct a credit check.			
time after execution of t party or agency contact employer, to furnish the	his authorization. By siq ed by this employer, or above mentioned infor	gning below, you hereby a the consumer reporting a	rigative consumer reports at any authorize without reservation, any gency acting on behalf of the nat a fax or photocopy of this rity as the original.			
For California, Minnesota, report, if one is obtained, plea		nly, if you would like to receive	a copy of the consumer			
			consumer reporting agency, you will be right to obtain a copy of the report.			
BY SIGNING BELOW,	certify that I have reac	d and agree with these sta	tements.			
Applicant's Name	 Applicant's	s Signature	Date			
Scan both pages & emai	I to caesohr@uga.edu					
Sent by:		 Email Addre				
1401110		Email Addition				